



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

518-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

ACS PRIMARY CARE  
2620 RIDGEWOOD RD STE 300  
AKRON, OHIO 44313

#### **Respondent Name**

TRAVELERS INDEMNITY CO OF CONNECTICUT

#### **Carrier's Austin Representative Box**

Box Number 05

#### **MFDR Tracking Number**

M4-12-0951-01

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary from Table Of Disputed Service states:** "CLAIM BILLED TIMELY BILLING LEDGER ATTACHED."

**Amount in Dispute:** \$95.33

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The Provider's Request for Medical Fee Dispute Resolution involves reimbursement for emergency room services. The Provider performed these services, and submitted their original billing. The Carrier received billing dated 08-18-2011 for this date of service on 08-30-2011, as documented by the attached bill image. The Carrier reviewed the billing and denied the bill as untimely filed. Although the Provider submits a second CMS-15 dated 11-02-2011, the Carrier has not record of a request for reconsideration being received. Subsequently the Provider filed this Request for Medical Fee Dispute Resolution. The date of service for the disputed services is 01-01-2011. The carrier first received the Provider's billing for the services at issue on a HCFA-1500 dated 08-18-2011. The billing was received on 08-30-2011, as documented by the received date on the bill image, attached. Per Rule 102.4(h)(2), the submission date is presumed to be the later of the signature block date or 5 days before the received date. In this mater, the presumed submission date, based on the received date, is 08-25-2011. The evidence submitted, therefore,, shows the Provider in this dispute submitted the bill 236 days after the date of service. Rule 133.20(b) requires the Provider submit the bill within 95 days of the date of service, and consequently the bill was not timely submitted. The provider provides no evidence of an earlier submission date. Consequently, the presumption of Rule 102.4(h) applies, based on the later received date. As such, the documentation is insufficient to support timely filing, and the Carrier properly denied the medical bill."

**Response Submitted by:** Travelers, 1501 S. Mopac Expwy Ste A 320, Austin, TX 78746

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 01, 2011	99283	\$95.33	\$0.00

## ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated September 22, 2011

- TXH3 – 29 The time limit for filing has expired. Per Texas labor Code 480.27, bills must be sent to the carrier on a timely basis, within 95 days from dates of service.

### **Issues**

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

### **Findings**

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date the services are provided." No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.

### **Conclusion**

For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

## ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

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Signature

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Medical Fee Dispute Resolution Officer

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2/9/12  
Date



### ***YOUR RIGHT TO REQUEST AN APPEAL***

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**